

BICARBONATE OF SODA

IN THE TREATMENT
OF DISEASE



Good News

BICARBONATE OF SODA

In the Treatment of Disease



The circle with the Cross
These make for the sign that all thou hast
heard is fulfilled in Him

Hospitallers Order of the Good News

The Lord He Is God

Trust in Him who Is the Way

Keep thy faith in Him, that All will be
and is right!

And make thy life, thy activities in
accord with same!

Book Title : Bicarbonate of Soda in the Treatment of Disease

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Without Him to lead, and the Team to help, this and all other Books, that have been published by the Order, could have not been written, in a speedy way, that they have been. For the task at hand, is enormous, and the days and nights, I have denied myself, this in and for the benefit of others. For the help, of he who is in need of it. And also that man may know that He, indeed, is mindful of each one of you. Seek Him, and Glorify Him, for He Is Thy God and Saviour.

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Book N^o

In Gratitude To

This Book is dedicated to the following:

To the God of Abraham: Who Is The God of Humankind,
Our One and Only Lord and Saviour The Christ.

We Dedicate this Book to: to all those who have perished at the hands of ignorant men; To all those Wise Men who understood the difference between what is right and what is wrong; To those wise ones, who are ever present and let not fall civilization.

“The Lord He is God”

Has in the Oneness of the Living God the Christ Our Lord and Saviours, so it is in the oneness of comprehension and understanding in which those points of truth these authors all conclude and agree upon.

And as a result on which they all agreement this book is produced and given as a testimony that: “The Lord He is God”, and the Lord walks with us everyday, even if you do not see Him, He is with us, He is with those who ask for Him for the Lord Is God of Humankind.

These are not vain words, but are those words from those who know The Lord, His Ways, His Coming.

And many others whose names do not appear here but they know who they are.

To all physicians, whose convictions regarding the soundness of principles set forth in this work, and whose fearless advocacy of therapy based on these principles have been a constant source of encouragement and inspiration to many, this book is also dedicated.

Acknowledgements

The collective knowledge generated from academic research summarized in various references has been critical in the creation of this published work, which is best viewed as a comprehensive compilation and collection of published information by many authors throughout the ages, as well as personal and clinical experience in the treatment of self and others.

This work was possible only by the guidance and Light of Christ who Is God.

A special thanks also to those who work with Him and help all of us.

May each individual be able, to find this eternal truth, while on earth.

Credits and References

Although all credits and references were given to the best of our knowledge and information contained in the central archives of the Hospitallers Order of the Good News.

If there is any errors or mistakes we kindly ask the reader to allow the knowledge of such items in order to rectify same in future editions of the present Book.

Health and Therapeutic Journals and Books

The present work rests upon the foundations of those civilization luminaries, men and woman of exceptional talent, intuition, and detailed observation.

Furthermore it was a privilege to us, for them to have the dedication and time to write and publish their clinical findings. There is then a vast amount of Journals and Books devoted to the Health and Therapeutics. Of these printed records those from 1850 to 1950 in this 100 year period we specially encounter that the majority of what is to be known concerning disease its origin and its treatment and cure,

where in fact correctly identified. These records, in their collective, contain timeless observations of which many remain permanent truths.

These pearls are hidden from plain sight, only the adept or the initiated can identify them and pick one by one, from the surrounding confusion.

Sources

This book is a Record of the clinical findings of many great Health Practitioners, their findings remain the same throughout the centuries. All share the same conclusion.

The Truth is in plain site.

Apart from the Archives of the Hospitallers Order of the Good News Library, we are also very grateful to all libraries, who have kept books for the last 200 years, those of which by their keeping allowed the information on those books to survive, and be upon their withdrawn from their keeping available to purchase by the Order, and kept in its Archives and Library.

The Hospitallers Order of the Good News, has therefore obtained many of this rare Books, many of which are not available, nor found in libraries, for this we thank The Lord who Is God, for having placed the same in keeping of the Order.

Errors & Omissions

Although the editor, publisher have made every effort to ensure that the information in this book was correct at press time, the editor, publisher do not assume and hereby disclaim any liability to any party, for any loss, damage, or disruption caused by errors or omissions, whether such errors or omissions result from negligence, accident, or any other cause. Much care was taken to avoid any errors or omissions, if any do exist, please let us know, in order to correct same in any future editions.

Dedication

"To the victims, past and present, rich and poor, of Adulterated Food, Patent Medicines, Compulsory Vaccination, Abuse of Surgery, booze-guzzling, industrial diseases, autocracy of dress, false modesty, sex ignorance, and conventional hypocrisy; to those, who never had a real opportunity to learn the truth, being kept in ignorance through the vicarious and popular channels of misinformation.

To those, whose nerves, muscles, bones, marrow, and blood have been converted into dollars, and cents under, the iron heel of commercial greed, in the name of health, science, and benevolence; to those, whose inner and better selves remain crushed and stifled as a result of monotonous, loveless lives, tyrannical and fanatic parents, and uninspiring surroundings in general; to the patient "sons of toil", who constantly undermine their health and risk their lives, making it possible for us to appreciate art, music, literature, culture, and invention that the genius of human brain has brought forth, yet have for themselves little in return, save fatigue, malnutrition, soul-starvation, anxiety, fear, filth and premature death.

To all these victims of our seething, restless, debauching, artificial, and health-wrecking era, impudently labelled "civilized".

I affectionately and hopefully dedicate this book." - Dr Simon Louis Katzoff, MD, in "Timely Truths on Human Health", 1921.

"The present work is written for the double purpose of correcting error, and imparting truth. Its purpose is not to attack men, nor systems, but simply to state facts by which their pretensions may be judged." - Dr Frederick Hollick, MD in "Neuropathy, or The true principles of the art of healing the sick", 1847.

Disclaimer

“The content of this Book, is based on research conducted by the members of the Hospitallers Order of the Good News, unless otherwise noted. The information is presented for educational purposes only, and is not intended to diagnose or prescribe for any so-called “medical” or “psychological” “condition”, nor to prevent, treat, mitigate or cure such “conditions”. The information contained herein is not intended to replace a one-on-one relationship with a qualified healthcare professional.

This information is not intended as “medical” advice, but rather a sharing of knowledge and information based on research and experience.

The Hospitallers Order of the Good News, encourages the reader to; “Make your own health Care decisions based on your judgment, and research in partnership with a qualified Health Care Professional.”

But be aware of not choosing, the Medical Trade, for Health Science and Medical Science are two different things.

These statements have not been evaluated by the so-called Food and Drug Administration, in the USA.

The information on this Book is not intended to diagnose, treat, cure or prevent any disease, by means used by the Medical Trade.

As sad it may be, that one is forced to place such a disclaimer, just serves to illustrate the state where the present civilization is at the moment.

A civilization founded on lies, has no future, a civilization based on false or fake pretences, has no future, a civilization that follows political correctness is fake by proxy.

To sustain the manner of thinking in the present civilization is to sustain a lie.

Thus the solution is to establish a New Civilization, based on a New Science. This if Humankind will ever have a chance to progress in this third dimension on Earth.

In that the End of Times and the Beginning of a New Era, 2022.

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Introduction

“The use of Alkalis in “Colds” is probably as old as the pyramids, and is the common method employed by at least the older medical men.

Dr Ely is right, I think, in emphasizing the necessity of administering alkalis.

The influenza bacillus, like most others, does not flourish in an alkaline medium.” - Dr Anstruther Davidson, MD, in “Alkalis in the Treatment of Influenza”, JAMA, 9 November 1918.

“In 1918 and 1919 while fighting the “Flu” with the U.S. Public Health Service it was brought to my attention that rarely any one who had been thoroughly alkalinized with bicarbonate of soda contracted the disease, and those who did contract it, if alkalinized early, would invariably have mild attacks.

I have since that time treated all cases of “Cold”, Influenza and La Grippe, by first giving generous doses of Bicarbonate of Soda, and in many, many instances within 36 hours the symptoms would have entirely abated.” - Prominent Physician letter to the Church & Dwight Company, in “A Friend in Need”, Church & Dwight Co., 1931.

Chapter 1

The Value of Bicarbonate of Soda In The Treatment of Disease

The contents of this chapter appear in the Booklet: "A Friend in Need", Church & Dwight Co., 1931.

"Many prominent physicians have suggested that great benefits would result if the men and women of America were shown clearly the many practical ways in which Pure Bicarbonate of Soda could be used in the home as a therapeutic agent.

We feel therefore that this booklet should be dedicated to those members of the medical profession who have so long urged its publication.

The attitude of these physicians in the matter has been epitomized by a prominent member of the profession in a letter to the Church & Dwight Company in the following words:

"Your product (Pure Bicarbonate of Soda) has a universal distribution. It is known in every household.

Its value to the Culinary Art is unquestioned, but it carries a far greater value unknown to its millions of users — its value as a household remedy,

It has often been said that doctors through their Health Plans are constantly trying to put themselves out of business, and, in our defence I might add, that if we could rid the world of its ills we would gladly go.

Be that as it may. For the good it will be to Humanity, I want to advocate the establishment of a department in your organization that will tell the millions of users of your product (Pure Bicarbonate of Soda) its great value in the prevention and treatment of certain diseases.

In the last few years Bicarbonate of Soda has been coming into its own and today it occupies a prominent place in every Physician's Armamentarium.

You, being the largest producers of pure Bicarbonate of Soda, are the logical ones to tell the world of the therapeutic value of your product. It will not put the doctors out of business, but it will be the means of helping thousands to prevent, and get relief from, certain ills by this harmless but helpful remedy."

Health is the birthright of man. If you are sick, you have, in some way, violated a law of nature. When you observe the teachings of nature, you are well.

This booklet, pointing out how certain laws of nature can be followed, will help you and your household to avoid much of the pain and suffering that is the inevitable result of delay in heeding Nature's warnings.

"The foremost fire fighter in the world", said F. Burnham McLeary, in an article contributed to the World's Work, "is responsible for the statement that 99%, of all fires on earth could be extinguished with a glass of water if taken in time.

To be more specific, even though a score of fires were breaking out in various quarters of San Francisco on the morning of 18 April 1906, 50 such glasses of water, properly stationed, would have prevented the destruction of a city and the irretrievable loss of \$350,000,000 dollars.

That is the value of having on hand at the vital moment a reliable agent for checking a destructive force.

Fire has an insatiable appetite; it grows as it feeds; a glass of water may extinguish it in the early moments of its life, but it may grow beyond human power or skill to check when it becomes half an hour old.

Sickness resembles fire; it grows as it feeds; the right remedy may extinguish it in the first few hours of its life, but if it once "grips" the system it may grow beyond human power or skill to master.

Ovid, who lived centuries ago, said:

"Meet the Disease at its approach."

We see therefore both ancient and modern appreciate the enormous value of the first few moments or the first few hours in preventing the spread of fire or disease.

We have compared sickness, illness or disease to fire, and it would be well if others always carried the same comparison in their minds, for an essential characteristic of an illness is its tendency to spread from one point to another in the human body and for a single symptom to rapidly develop a group of symptoms.

In other words, an indisposition may be compared to fire in the fact that it may be looked at in the light of a red flame that gives a warning of danger before it leaps up into devouring strength and destruction.

Sickness or indisposition is a danger signal; within the body, somewhere, a conflict is going on between the forces that make for disease, and the forces that make for health; if the patient begins to get worse you at once know that the armies of disease have gained the ascendancy, that the automatic safety provisions of the human system have been overcome, and that Nature has signalled you to aid in the fight with the forces of human intellect.

It is in such emergencies — before the doctor comes, or when it is obvious that prompt action will make a visit from the doctor unnecessary — that this little booklet should be consulted.

For it tells you when and how Pure Bicarbonate of Soda, can be used to aid Nature in her fight.

As a study of the following pages will show, it has been proved by time and trial and experience as a most effective preventive and remedy for a surprisingly large percentage

of the ailments most common among the civilized races.

Everyone will take care of poor health, but it is the wise man who makes every effort to conserve good health.

In compiling this list of uses for Pure Bicarbonate of Soda as a household remedy, great care was taken to include nothing that had not been tested and approved by leading physicians — men who recognize it is their duty to be thorough — to be positive; men who do not base their decisions upon theory or accept assumption instead of proof; men who are convinced a thing can be done only after it is done.

Bicarbonate of Soda A Therapeutic Agent

“Testimony is like an arrow shot from a long bow; the force of it depends on the strength of the hand that draws it.” —Johnson

Baking Soda, which is Bicarbonate of Soda, is described in that authoritative work.

The New Standard Dictionary, as:

“A white crystalline substance, less soluble than sodium carbonate and having only a slight alkaline taste, used in cookery, in baking powders and in medicine.”

Its use as a medicine is briefly outlined by Nelson's Encyclopaedia as follows:

“Sodium bicarbonate is used in medicine as an antacid (an alkaline remedy for stomach acidity), and, on account of the large amount of carbon dioxide that is readily set free from it by acids or by heating, it is an important component of Seidlitz powders and other effervescing mixtures, and of baking powders.”

The New International Encyclopaedia says:

“Sodium bicarbonate alkalinizes the blood and secretions, and is used as a corrective in functional diseases of the stomach.”

The proved value of Bicarbonate of Soda as a therapeutic agent is further evinced by the following evidence of a prominent physician in a letter to the Church & Dwight Company:

“In 1918 and 1919 while fighting the “Flu” with the U.S. Public Health Service, it was brought to my attention that rarely any one who had been thoroughly alkalinized with Bicarbonate of Soda contracted the disease, and those who did contract it, if alkalinized early, would invariably have mild attacks.

I have since that time treated all cases of “Cold”, Influenza and La Grippe, by first giving generous doses of Bicarbonate of Soda, and in many, many instances within 36 hours the symptoms would have entirely abated.

Further, within my own household, before Woman’s Clubs and Parent-Teachers Associations, I have advocated the use of Bicarbonate of Soda as a preventive for “Colds” with the result that now many reports are coming in stating that those who took “Soda” were not affected, while nearly every one around them had the “Flu.”

Besides doing good in respiratory affections, bicarbonate of soda is of inestimable value in the treatment of Alimentary Intoxication, Pyelitis (inflammation of the pelvis of the kidney), Hyper-Acidity of Urine, Uric Acid disturbances, Rheumatism and Bums.

An occasional 3 day course of Bicarbonate of Soda increases the alkalinity of the blood, assists elimination and increases the resisting power of the body to all Infectious Diseases.

The value of the World’s famous Spas and Health Springs is largely in the Alkalinity of the water.

Our great "National Crime" is over-eating, in everything else, which, among other things, means an increased acid retention within the body and a predisposition to Rheumatism, Gout, etc.

Bicarbonate of Soda will not prevent the crime of over-eating any more than water unapplied will prevent a fire, but like water to a fire, if properly applied, it will neutralize the effect of carelessness, and help stay the body in its process of self-destruction."

Tested Household Remedies

In order to secure the best results with Pure Bicarbonate of Soda when taken internally, certain simple rules must be observed. Dr Bastedo, MD in "Materia Medica, Pharmacology and Therapeutics", clearly outlines these rules as follows:

"The effect of an alkali in the stomach will vary according to the nature of the stomach contents at the time of its administration. In the resting period (after food is digested) sodium bicarbonate merely dissolves mucus and is absorbed as bicarbonate into the blood, to increase its alkalinity, directly.

In the digestive period it reduces the secretion of gastric juice, neutralizes a portion of the hydrochloric acid, liberates the carminative carbon dioxide gas, and is absorbed as sodium chloride.

In cases of fermentation or "sour stomach" it may neutralize the organic acids and so result in the opening of a spasmodically closed pylorus (the opening between the stomach and the small intestine); while at the same time it acts to overcome flatulency (accumulation of gas in the stomach and bowels).

The time of administration must, therefore, be chosen with a definite purpose.

Usually for hyper-chlorhydria (excess of acid) 2 hours after meals will be the period of harmful excess of acid.

In continuous hyperacidity and in fermentative conditions a dose an hour before meals will tend to prepare the stomach for the next meal; or sometimes a dose will be necessary immediately after eating, because of abnormal acid or gas having been present at the commencement of the meal. A dose at bedtime tends to check the early morning acidity, or a dose on arising cleans the stomach of acid and mucus before breakfast."

When taking soda bicarbonate internally it should be dissolved in one-half glass of cool water.

Acidosis

The normal reaction of the blood is alkaline.

When the reaction of the blood becomes less alkaline than normal, a state of acidosis exists.

The blood never actually becomes acid, but a lowering of the normal alkaline content causes a shifting of the acid-alkaline balance toward the acid side.

This condition of acidosis follows many diseases and is a forerunner of others.

The alkalinity of the blood is maintained in a large part by the presence of Sodium Bicarbonate which is a normal constituent of all body fluids.

In cases of threatened or actual acidosis, one-half teaspoonful of baking soda in one-half glass of cool water two hours after meals is recommended.

Acne

For pimples on the face and neck, accompanied by an oily skin, it is recommended that after washing the face thoroughly with soap and water, a paste made from baking soda and water be applied to the affected parts and allowed to remain for 10 minutes, after which the face should be washed with clear cold water. This treatment should be applied once daily, before retiring.

Auto-Intoxication

The condition of **Auto-Intoxication** which is often accompanied by **Headache, Intestinal Distress, and sometimes Fever**, is usually caused by **Insufficient Elimination from the Intestinal Tract**. By taking one teaspoonful of soda in one-half glass of cool water upon arising the symptoms of auto-intoxication may be relieved.

Baby's Bottle

Bottles, nipples, and utensils used in the preparation and giving of baby food should be sterilized by boiling once daily.

After the bottle and nipple have been used, they should be washed thoroughly with soap and hot water, and allowed to stand in soda water (2 teaspoonfuls of baking soda to the quart of water).

Before feedings, the nipple and bottle should be rinsed with clear water.

Catarrh

Catarrh of the upper air passages and chronic discharges from the nose may be relieved by spraying the nostrils night and morning with a solution of soda water (one teaspoonful of soda to the pint of water). If a spray is not available the soda water may be snuffed into the nostril.

Colds

Bicarbonate of Soda will often ward off a cold in its early stages. In the event of a threatened attack, we recommend the following treatment:

During the first day take 6 doses of half teaspoonful of Bicarbonate of Soda in glass of cool water, at about 2 hour intervals. During the second day take four doses of half teaspoonful of Bicarbonate of Soda in glass of cool water, at the same intervals.

During the 3rd day take 2 doses of half teaspoonful of Bicarbonate of Soda in glass of cool water, morning and evening, and thereafter half teaspoonful in glass of cool water each morning until cold is cured.

Colic

For a baby from 1 to 6 months of age with Colic and distended abdomen give in an enema one level teaspoonful of Soda dissolved in a half glass (30 ml) of warm water.

Corns and Bunions

Corns and bunions may be softened and relieved by making a salve of equal proportions of lard and Bicarbonate of Soda, and applying at night before retiring.

Dyspepsia

For an attack of dyspepsia due to over-acidity, take 1/4 teaspoonful of soda bicarbonate dissolved in a half glass of cool water when the pain appears and repeat several times if necessary.

Dyspepsia or Heartburn

A quarter of a teaspoonful of Bicarbonate of Soda dissolved in a tumbler of cold water, taken 3 times a day, will be found very beneficial.

“Sodium Bicarbonate is the most efficient drug for general use (in acid dyspepsia), about 1/4 teaspoonful before meals for a tonic form. In hyper-chloric (acid) dyspepsia a level teaspoonful two hours after meals”. - Therapeutics, Materia Medica and Pharmacy,

Eczema

“Externally, in solution, it (Bicarbonate of Soda) is a solvent for dried exudates (secretion) such as the crusts in seborrheic eczema. Two level teaspoonfuls of Bicarbonate of Soda to 500 ml of water gives the proper solution in such cases.” - Dr Bermingham, MD in “Practical Therapeutics”

Gall-Stones

The vomiting during an attack of gall-stone colic may be relieved by draughts of hot water containing bicarbonate of soda (1 teaspoonful of soda to 500 ml of hot water).

Headaches (Sick)

Bicarbonate of soda (baking soda) is largely used as an antacid in gastric fermentation.

In sick headaches arising from this condition take one teaspoonful of bicarbonate of soda dissolved in a glass of cold water.

Hiccough

Dissolve 1/2 teaspoonful of bicarbonate of soda in one-half glass of cold water and drink slowly.

This will, in most cases, give instant and permanent relief.

Hives

“The local irritation and itching may be relieved by applying a dilute solution of bicarbonate of soda and water.... (Soda) either in solution or paste is a soothing application for itching, insect bites, and burns.

It is not caustic.” - Dr Bastedo, MD in “Materia Medica: Pharmacology and Therapeutics”, 1914.

Hyperacidity

Hyperacidity (too much acid in the stomach) will produce an indigestion which may be relieved by taking 1/2 teaspoonful to 1 teaspoonful of bicarbonate of soda in a glass of cold water 2 hours after eating.

Indigestion

"In many cases it will be found that the administration of small doses of Bicarbonate of Soda, 5 to 10 grains" (1/4 teaspoonful to a half glass of cold water) "before each meal will cause free secretion of gastric juice, particularly if it be given simultaneously with bitter substances which act as stimulants to the gastric mucosa." - Dr Hare, MD in "Practical Therapeutics", 1902.

Insect Bites

Bicarbonate of Soda "either in solution or paste is a soothing application in erythema, urticaria, itching, burns and insect-bites." - Dr Bastedo, MD in "Materia Medica: Pharmacology and Therapeutics", 1914.

Intestinal Diseases

If food distresses the stomach, give a quarter of a teaspoonful of Bicarbonate of Soda in a glass of milk.

"The alkalies have an extended use in diseases of the stomach and intestines, especially the former. Although we do not fully understand all their effects, it is obvious that they can neutralize an excess of hydrochloric acid in the stomach. They are, therefore, indicated in all cases of hyperacidity and hypersecretion; but in the author's experience they must be given in large doses.

In hyperacidity they should, of course, be given after meals, preferably shortly before the time at which the patient expects disagreeable sensations arising from the hyperacidity, such as pyrosis (gas) and heartburn.” - Dr Norbert Ortner, MD in “Treatment of Internal Diseases”, 1908.

Itching

Very often bathing the parts with two teaspoonfuls of bicarbonate of soda to the pint of water will give relief.

In other cases of intense itching a paste made from baking soda and water and applied to the affected part will prove satisfactory.

Ivy Poisoning

Apply a paste made from baking soda and water to the affected parts and cover with a damp cloth.

This treatment should be repeated every 8 to 10 hours.

Laxative

Dissolve one level teaspoonful of Bicarbonate of Soda in a glass of cool water and take on arising in the morning.

This will clean the stomach of the mucus that has accumulated during the night and act as a mild laxative on the bowels.

Leucorrhoea (Whites)

“In a general way the agent (Bicarbonate of Soda) is advantageous in the treatment of leucorrhoea, especially if the discharge has an acid reaction.”

Use it freely in solution of 2 teaspoonfuls dissolved in a pint of water as a douche.” - Dr Bastedo, MD in “Materia Medica: Pharmacology and Therapeutics”, 1914.

Rheumatism

Sodium bicarbonate has been widely employed in the treatment of rheumatism, both internally and externally.

It is recommended that one-half teaspoonful be taken internally every four hours in conjunction with 10 to 15 grains of sodium salicylate. Externally, to painful joints, apply a paste made from baking soda and water and cover with a warm cloth.

Scalds and Burns

“Externally the agent (Bicarbonate of Soda) seems to possess antiseptic properties. Because of the presence of carbon, with its alkaline reaction, the agent is applicable to burns; applied in the form of a moist paste, it will relieve the pain at once in most cases.” - Ellingwood, in “Materia Medica Therapeutics and Pharamacology”

Cover scald or burn with a paste of Soda and water. Then cover with a damp cloth.

Sea Sickness

Preliminary to an ocean voyage it is recommended that one-half teaspoonful of soda in one-half glass of cool water be taken 2 hours after meals, for 3 days preceding the trip.

Skin

A shiny, red, hot-weather complexion may be cooled and refreshed by applying to the face a solution of cool water and bicarbonate of soda. Add 1 teaspoonful of soda to the pint of water.

Sour Stomach

"In cases of fermentation or "sour stomach" it (Bicarbonate of Soda) may neutralize the organic acids and so result in the opening of a spasmodically closed pylorus (the opening between the stomach and the small intestine); while at the same time it acts to overcome flatulency (accumulation of gas in the stomach and bowels)." - Dr Bastedo, MD in "Materia Medica: Pharmacology and Therapeutics", 1914.

Dissolve one teaspoonful of Soda in a glass of cold water, and take 2 hours after meals.

Sunburn

Cover the affected parts with a paste of Pure Bicarbonate of Soda and water. Immediately upon application a cooling sensation will be experienced.

When the moisture has been absorbed from the paste, the fire of the burn will have disappeared and the danger of blistering is lessened. Application of the paste as soon as possible after one is burned is advisable.

Toothache

"Sodium Bicarbonate in solution (2 teaspoonfuls to 500 ml of water) on plugs of cotton in painful cavities, or applied to the gums... appeases agonizing toothache (Duckworth)." - Therapeutics, Materia Medica and Pharmacy.

Vomiting of Pregnancy

This distressing symptom is often caused by the presence of a mild acidosis.

For the relief of this condition it is recommended that 1/2 teaspoonful of soda in 1/2 glass of cool water be taken 2 hours after meals.

Weed Poisoning

The smarting, burning, and itching of the skin from contact with certain weeds may be relieved by applying a paste made from baking soda and water.

Why Soda Bicarbonate Relieves Discomfort

In one out of every ten households, I should say, there is someone who has to take a dose of soda every once in a while.

There is, of course, not a boarding house in the land that doesn't contain a soda taker.

As you gaze up at large apartments or apartment hotels you may confidently say to yourself:

"There is in each of those mammoth structures at this moment a human being who is measuring out a level teaspoon of soda, putting it in a glass of water and drinking it down."

The people who do this, of course, are the "acid dyspeptics".

Some of them have ulcer of the stomach.

The soda — chemically, soda bicarbonate — is alkaline in reaction and, mixing with the excessive acid secretion of the stomach relieves the feeling of discomfort of dyspepsia.

It is, in my opinion, a very good method of treatment, and only very rarely does any harm.

Its popularity, as the saying is, recommends it.

50,000,000 dyspeptics can't be wrong.

So when we hear, as we frequently do, some stomach specialist vehemently explain that the pain of ulcer is not due to the excessive acid present, or that soda itself forms more acid and, therefore, should not be used, we do not take these outpourings too seriously.

Most of the patients have tried one or two other things in their lives and always gone back to soda.

Dr Sippy, who used a great deal of soda in his treatment of ulcer, used to say whenever these very scientific objections to the soda were presented to him:

“Well, all I know is that the patients tell me the soda relieves their distress.”

One of the advantages of soda bicarbonate is that fairly large doses can be taken without harm.

Many people take 1 or 2 teaspoonfuls after each meal and one before going to bed and continue at this for years without any apparent ill effects.

It is true cases of alkalosis have been reported, but they are so rare as to be almost negligible. — Logan Clendening, in “Diet and Health”, K. C. Star, 4 November 1931.

Chapter 2

For Colds and Influenza

*The present chapter contains articles which appear in the book:
"Medicine, from Bad Pharma to Bad Science"*

"In 1918 and 1919 while fighting the "Flu" with the US Public Health Service it was brought to my attention that rarely anyone, who had been thoroughly alkalinized with Bicarbonate of Soda, contracted the disease, and those who did contract it, if alkalinized early, would invariably have mild attacks.

I have since that time treated all cases of "Cold", Influenza, and La Grippe, by first giving generous doses of Bicarbonate of Soda, and in many, many instances within 36 hours the symptoms would have entirely abated.

During the first day take 6 doses of one-half teaspoonful of Bicarbonate of Soda in glass of cool water, at about 2 hour intervals.

During the second day take 4 doses of one-half teaspoonful of Bicarbonate of Soda in glass of cool water, at the same intervals.

During the third day take 2 doses of one-half teaspoonful of Bicarbonate of Soda in glass of cool water, and thereafter one-half teaspoonful in glass of cool water each morning until cold is cured.

Better results will be obtained if doses are not taken too near meal times." - in "Church & Dwight Co.", New York, 1920.

My Flu Story 1918

"Times were troubled – a war going on, Flu Epidemic that followed the boll weevil.

Three catastrophes, right there.

A new disease, just like another epidemic would be perhaps maybe not the flu but something else and it would be a new disease. We would have to learn to deal with it.

I was 10 years old, and **my family was the only family in the little town that did not contract the flu.**

Therefore, my parents became automatic nurses.

They nursed every family in town.

One family in particular was outside the town limits.

My father, and Uncle Eli, who we called his manservant, dug a common grave and buried 3 people in it - a mother, a father and a young daughter.

Unfortunately, we had no sanitary conditions in the area at that time, so the people were buried in the clothes they died in and wrapped in the sheets, because there was no one to wash the bed linens for them. So they were buried in a common grave. I do not remember a single church burial caused by the Asian flu. It was prevalent.

The greatest problem, of course, was getting medication.

There was only one doctor, Dr Andrews, a wonderful man. He did the best he could. We had no penicillin, no sulfur, nothing to treat that dreadful disease.

Of course, there were wagon loads of sick people lined up at his front door all the time.

If you loaded a sick person whom you could no longer help and put him in a wagon, which was what most transportation was, put him in that vehicle and take him to Dothan to a hospital, chances are that patient would be dead when they got there.

Ok, if he wasn't, there would be no room, the rooms would be filled.

The doctors would be worked to capacity.

That's why most families just buried their own dead.

The Flu itself, the so called, I think they called it the Asian Flu, affected the throat and the windpipe and chest.

Lack of medication, we had a little drug store and he had a pharmacist, a hired pharmacist but he could only supply a paregoric, maybe a mentholatum.

I don't know what kind of ointments they put on their chests, but that's about all there was.

My mother would take a half a teaspoon full of soda and put it in a glass of water for each of us – my twin brothers and for me and we would drink that before breakfast. I've often thought that that's what saved us.

She said that that soda would neutralize the system and we would be less subject to pick up the germ.

It must have worked because we were the only family, entire family, that escaped having that dreadful Flu.

It was my job as a 10 year old to take food to people, to families, all of them stricken.

Mama would put a gauze bandage around my face and she kept sterilized fruit jars on the stove at all times.

She would fill the jars with soup or whatever there was, and I would take those jars to the home of an afflicted family, knock on the door and leave the food at the door for someone to come pick it up.

It was not a pretty picture." - Edna Register Boone, 100-year-old resident of Mobile, in "1918 Pandemic Influenza Survivors Share Their Stories", Alabama Department of Public Health, January 2008.

Alkalis in the Treatment of Influenza

"It is universally agreed that in perverted metabolism by bacterial invasion, it is the acidosis that is fatal.

When the system is saturated with alkalis, there is poor soil for bacterial growth. The baneful acids may be neutralized by harmless alkalis, and these seem to act almost specifically.

I have uniformly employed, and always with good results, potassium citrate and sodium bicarbonate saturation by mouth, bowel and skin.

For the past three weeks, in the present influenza epidemic, I have seen an average of 100 private patients daily. There have been all degrees of frequency and severity, and in some houses as many as 6 patients.

As is well known in this epidemic, there has been a very high mortality in cases occurring in pregnant women.

I have seen three instances of bronchopneumonia, or "lung patches", in pregnant women, two at term, with complete recovery.

Incidentally, I have made the use of the bed-pan imperative, and have absolutely refrained from administering any of the coal-tar series.

I explain to the afflicted persons that they must be patient, and that the fever, aches and pains are inevitable for a few days, and that they must be willing to forego the seductive relief afforded by acetylsalicylic acid (aspirin), acetanilid and other heart depressants.

I employ cold applications and the ordinary stimulation by strychnin, aromatic spirits of ammonia, digitalis, quinin, etc.

I have always withheld all depressants.

My very successful experience in this epidemic with the saturation of the system with harmless alkalis cannot be dismissed as accidental or unique." - Dr Thomas C. Ely, MD, Philadelphia, in "Alkalis in the Treatment of Influenza", JAMA, 26 October 1918.

Alkali Treatment Applied to the Acidosis of Epidemic Influenza

"Epidemic Influenza, is a concrete instance of acidosis, and given a condition of acidosis the medical treatment was elimination and the administration of the alkalies.

In the recent Influenzal Epidemic he had employed this treatment with surprisingly good results.

Reference was made to the fact that the textbooks affirm that infections from the streptococci and other pus germs and the pneumococci were always marked by pronounced acidosis, and that the present epidemic all authorities agreed that these micro-organisms were especially in evidence.

Dr Ely had had but one death which could be justly attributed to influenza. A physician in a rural district had written him that he had given the old alkaline fever mixture, liquor potassii citratis and spiritus aetheris nitrosi, freely to every patient, and had had only 1 death, and that was directly attributable to hemorrhage from a gastric ulcer.

Dr Andreus, a physician for a lumber camp in New Mexico, wrote that he had treated over 300 cases with only 5 deaths.

He used the alkaline treatment, and all of his cases were treated under the most unfavorable circumstances, as he "had no nurses except laborers and lumbermen, and at one time had seventeen sick patients in 5 beds."

This Dr Ely observed was in striking contrast to the high mortality often seen in urban practice with neglect of the alkalies.

In 26 cases of pneumonia, with well-marked crises, over 100 cases of lobular pneumonia, 5 pregnant women, and 11 instances of severe intestinal infections, he attributed the large number of recoveries to the persistent use of early elimination and saturation of the system with alkaline bases, avoiding any remedies which checked secretion, as opium or belladonna, or any heart depressant, such as aspirin, or any influenza vaccine or serum.

Reference was made to the teaching of physiology that if the alkaline reserves of the body have been withdrawn the poison acids cannot be neutralized, and that life cannot be preserved unless the bases, sodium, potassium, and calcium are supplied. The explanation of the success of the elimination and alkaline treatment was therefore obvious.

Alonzo Taylor was quoted as saying that:

"If the acids were but eliminated entirely as ammonium salts, all would be well, but as they circulate they abstract from the tissues sodium, potassium, and calcium, and disturb the equilibrium of the basic elements in the tissues. Obviously the correct therapeutic measure is not to administer an alkali of one type, as sodium bicarbonate, but a mixture of sodium, potassium, and calcium, in order that all these may be present in abundance in the tissues and the equilibrium of the fixed alkaline bases in the central nervous system be thus maintained."

Since too much alkali might produce an alkalosis the limits of moderate alkaline dosage must be observed.

The technique of Dr Ely's treatment was given as follows:

Immediate elimination by profuse sweating and divided doses of calomel, 1/10 grain every half hour until 1 grain or more is given.

Water exclusively was given for the first 24 or 48 hours, and water was also given freely by mouth or by bowel through the attack.

Sweating was produced preferably by drinking large bowls of hot boneset tea. Hot mustard foot baths were always used.

At the outset and during the attack sodium bicarbonate, potassium citrate, and the calcium salts were administered, the latter in the form of lime water. To every patient he gave a teaspoonful of sodium bicarbonate to a 500 ml of lukewarm water every 4 hours by enema.

To spare the overworked druggist Dr Ely had given routinely the simple prescription:

Sodium bicarbonate 1/2 ounce

Peppermint water 4 ounces Teaspoonful every 2 hours.

He had employed the common cardiac and respiratory stimulants. From the beginning of the attack the patient was given orange juice and lemonade freely.

In considering the physiological action of the foregoing treatment attention was called to the fact that in man there was a continuous output of carbon dioxide through the skin and that the increased work of metabolism of the sweat glands increased the carbon dioxide.

This was a significant factor for, as observed by Brubaker, it was probably carbon dioxide, due to the absence of alkaline bases, which chiefly gave patients the dark cyanotic hue, which had given rise to the popular name the "black plague."

Serum treatment might be rational and scientific if the micro-organism causing the disease had been isolated with certainty.

All were familiar with numerous reinfections, and it might be questionable whether a passive immunity could be induced for a disease which it-self did not produce an active immunity.

The question was raised whether influenza serums and vaccines had proved to be harmless.

Appreciating the wonderful accomplishments by the bacteriologist in typhoid fever, diphtheria, tetanus, and many other diseases, the author asked whether there was not a growing tendency to give too much weight to bacteriology and serology to the exclusion of physiology, pathology, and physiological chemistry!

Dr Ely considered that the chief cause of death in this epidemic had been the overwhelming Acidosis, and the object of his treatment had been to prevent the formation of such acidosis by the administration of the essential alkalies." - Dr Thomas C. Ely, MD, in "The Medical Record", 16 August 1919.

"The use of alkalis in "colds" is probably as old as the pyramids, and is the common method employed by at least the older medical men.

Dr Ely is right, I think, in emphasizing the necessity of administering alkalis.

The influenza bacillus, like most others, does not flourish in an alkaline medium, and taking advantage of this circumstance I have been advocating the administration of sodium bicarbonate as a preventive in doses of 60 grains a day.

The immunity enjoyed by the very young and the old is probably wholly due to the secretions being usually alkaline on account of the character of their diet." - Dr Anstruther Davidson, MD, Los Angeles, in "Alkalis in the Treatment of Influenza", JAMA, 9 November 1918.

The Chief Cause of Death In The Influenza Epidemic

"Thomas C. Ely is of opinion that the chief cause of death in the influenza epidemic has been the overwhelming acidosis.

He points out that it is an established fact that acidosis is a constant factor in all infectious fevers.

As a clinical sign in the recent epidemic he cites the peculiar acetone odour of the breath which was so characteristic that in some cases a tentative diagnosis was made on this alone.

His treatment has been to combat the chief cause of death and prevent the acidosis by administering the essential alkalies, and in his practice he has had only one death that could be attributed directly to the Influenza.

Three other fatal cases he attributes to pre-existing conditions.

The method of treatment followed was:

Immediate elimination by means of profuse sweating induced by large bowls of hot boneset tea, and divided doses of calomel, one-tenth grain every half hour until a grain or more had been given. Water was given exclusively for the first 24 or 48 hours, and freely throughout the attack.

Hot mustard foot baths were used, the patient being kept in bed covered with blankets and surrounded with hot water bottles.

A teaspoonful of sodium bicarbonate to 500 ml of lukewarm water was given every 4 hours by enema.

The alkalies were given as follows: sodium bicarbonate one-half ounce, peppermint water 4 ounces, teaspoonful every 2 hours, alternating with the same dose of potassium citrate one-half ounce, peppermint water 4 ounces.

Calcium salts were given in the form of lime water one-third, milk two-thirds.

In some cases the potassium salts could not be tolerated.

The usual cardiac and respiratory stimulants were also administered; oil of terebinth was found of use, particularly after crises.

The author states that physiology, pathology, and physiological chemistry all show that acid poisons if not neutralized become dangerous and often fatal and that in high states of toxemia the body bases are soon used up.

By the treatment indicated the body bases are supplied from without and remedies are avoided which contain an element of danger, such as opium, atropine and belladonna which check secretions and lock up poisons which should be eliminated.

To the contention that the chief cause of death has been pneumonia, Ely replies that the fatal lung condition might not have developed had the body bases not been exhausted in Nature's effort to combat acidosis, and that the same acidosis may explain death by nephritis.

Moreover, the claim that death was due to cardiac involvement may be answered by the statement that the heart might have been better equal to its task if the body bases had remained in normal condition.

Finally, the use of alkalies is founded on the laws of Nature and should prove of value not only in the profound toxemia of epidemic influenza but in other severe infectious diseases and in all critical toxic condition." - in "Medical Record", 1919.

"Discouraging results in the treatment of influenza since the first of October 1918 have made many physicians feel at times their almost absolute helplessness in several types of the disease. The very marked beneficial results in these cases, which undoubtedly would have died without this treatment, make me report the same, hoping that I might hear from others who may have tried the same treatment and that others might obtain similar relief when in such condition." - Dr Leland S. Madden, MD, in "Journal of the Medical Society of New Jersey", May 1919.

"Reference was made to the teaching of physiology that if the alkaline reserves of the body have been withdrawn, the poison acids cannot be neutralized and that life cannot be preserved unless the bases sodium potassium and calcium are supplied. The explanation of the success of the elimination and alkaline treatment was therefore obvious." - Dr Thomas C. Ely, MD, Philadelphia in "Medical Record", 16 August 1919, & 18 October 1919.

The So-Called Spanish Flu

Just a quick reminder that the so-called Spanish Flu, and so-called "pandemic" happened between February 1918 and April 1920, which was the ending of the First World War, the first war to use Gas and Chemical weapons.

Here we show how the Spanish Flu which the Medical Trade claims be caused by a "virus".

Only the uneducated believes in the Medical Trade.

Here we clearly see that the so-called "pandemic" of the so-called "Spanish Flu", was nothing more nothing less than the normal flu, which having both the First World War, and the Spanish Civil War, these combined with the gas and chemical weapons used in these wars collapsed the lungs of those involved.

Further more by the Medical Trade giving Pharmaceutical Drugs such as salicylic preparations and Aspirin, these further helped collapse the lungs of those treated by the Medical Trade poisonous drug preparations, and many died from Aspirin Poisoning.

The Pathology of the Early Deaths Is Consistent with Aspirin Toxicity

“High Aspirin dosing levels used to treat patients during the 1918-1919 pandemic are now known to cause, in some cases, toxicity and a dangerous build up of fluid in the lungs, which may have contributed to the incidence and severity of symptoms, bacterial infections, and mortality.

Additionally, autopsy reports from 1918 are consistent with what we know today about the dangers of aspirin toxicity.

Aspirin Advertisements in August 1918 and a Series of Official Recommendations for Aspirin in September and Early October Preceded the Death Spike of October 1918.

The lower mortality of children may be a result of less Aspirin use. The major pediatric text of 1918 recommended

hydrotherapy for fever, not salicylate.” - in “Salicylates and Pandemic Influenza Mortality, 1918–1919 Pharmacology, Pathology, and Historic Evidence”, Infectious Diseases Society of America, 1 November 2009.

500 Consecutive Cases of "Influenza" with One Death

"A chance conversation with the local acting M.O.H., in which he expressed himself surprised at this result, and a further chat in which he stated the great improvement he had noticed since starting the method of treatment advocated, has induced me to send you this note on the method of treatment I have used.

Every case had an initial purge of castor oil, or calomel [purgative], which was repeated if abdominal symptoms required (**and here I may state that however serious the condition of Toxemia, I have never seen anything but good follow their use**), and then was put on to 20-30 gr. Bicarbonate of Soda 4 hourly and kept on it, and that, with tepid sponging temperature rose above 103 deg. F., was all.

The only disadvantage of the treatment I have so far discovered is that its simplicity prevents its general use, so that patients think that not enough is done for them.

Of its value I have no doubt whatever.

The change after 24 hours of this treatment in the condition of the patient, who has too often been soaked with every conceivable drug and is in a profoundly toxic state, is remarkable. The colour alters at once, the abdominal pain lessens, the cough loosens, and the tongue begins to clear. Most patients had taken one of the salicylic [1] preparations and this was stopped at once.

During the first 24 hours food was withheld as much as possible and even for the first 48 hours was not encouraged, though water ad lib was urged, with bicarbonate of soda in it, unless, of course, aspirin had been ordered. For the pain in the throat, hot fomentations are the only things which have in my hands helped.

How Bicarbonate of Soda acts I do not know, but considering the relief it gives to the abdominal pain and distension, it probably inhibits the growth of the streptococcus, which, I believe, is the chief causal organism of the complications of the disease, and neutralises its toxin.

On 2 occasions I have given in markedly toxic cases Bicarbonate of Soda by intravenous infusions, but I could not satisfy myself that it was of value, which confirms my own opinion that the organism responsible for the complications has its habitat in the bowel.

In 2 cases in women with a tendency to cystitis the drug had to be stopped for a time, and hexamine and acid sodium phosphate was given in alternate doses until the urine became acid again.

I should like other practitioners to give the method a trial.

The drug is in every household as is castor oil, and in these times of stress that is something.

It must be clearly understood that a case was not, for the purpose of this series, considered to be influenza unless it showed catarrhal signs in the lungs.

Only about 20 showed signs indicating consolidation of the lung, though many by the presence of blood-stained sputum proved it was present.

The occurrence of nose bleeding, and of what is often associated with it - melaena - did not prevent me continuing the treatment.

Of course, I know that 500 cases is a small number to dogmatise upon, and, in fact, since this was written I have had another death.

The case, however, was so acute, and the vomiting of blood and mucus so persistent, that it was impossible to get Soda Bicarbonate to be retained. Intravenous infusion was again tried but with no result.

I have asked my friend Dr Leaning, the local M.O.H., to add a note of his observations on the method of treatment suggested above." - Dr H.O. Butler, MB, in "The Lancet", 28 January 1922.

[1] Salicylic preparation is a precursor to and a metabolite of Aspirin. It is a plant hormone, and has been listed by the EPA Toxic Substances Control Act Chemical Substance Inventory as an experimental Teratogen (Teratogens are substances that may cause birth defects via a toxic effect on an embryo or fetus).

Treatment of Influenza: 800 Consecutive Cases with Two Deaths

"In the early part of 1919 I sent you the enclosed letter, upon which you briefly commented.

The article by Dr J. G. Willmore and Dr F. M. Gardner-Medwin in your issue of 21 January confirms the opinions I expressed 3 years ago, and I think that the publication of the notes will be of interest to them and to others.

It only remains to state that after I sent you the notes I had a further 300 consecutive cases with no fatalities, so that the correct title can now be as above.

A record of which I am proud.

During the present mild epidemic I have had about 80 cases, which treated on the lines laid down have caused me no anxiety." - Dr H.O. Butler, MB, in "The Lancet", 28 January 1922.

A Further Note on the Treatment of "Influenza" by the Above Method

"When making the necessary inquiries and observations respecting the epidemic, I was much impressed by the remarkably successful results following Dr Butler's mode of treatment. He kindly gave me details of this method which I have since carried out in my private practice.

The results I have so far obtained have shown such a marked superiority over any other method I have tried, and the improvement of even serious cases has been so rapid, that I urged him to make the matter public, as I am convinced of the soundness of his treatment, which, in my opinion, is founded on clinical requirements.

Excluding the fulminating meningeal type, which now appears to be much more rare than in the early days of the epidemic, I suggest that the present fatal type which is now so prevalent is due primarily to an attack of influenza, caused by the *B. influenzae*, and that the serious complications (excepting true lobar pneumonia) are due to a bowel streptococcus.

The most fatal sex and age group appears to be females between 20 and 35 years; another fatal group is girls between 15 and 20 years, the sex and ages in which chronic constipation and the accompanying intestinal disorders are most common, and consequently in which one would consider the streptococcus would most readily flourish.

Clinically, the torpid aspect and peculiar colour of the face, the distended abdomen and pain over the liver (suggesting some portal infection or congestion), the presence of malaena and epistaxis, and the frequent absence of an abdominal reflex, all point to an intestinal toxæmia.

Also, in my opinion, the lung complications in the septic cases are nearly always preceded by distant coarse crepitation at the right base, which, together with the pain over the liver, suggest some perihepatitis or diaphragmatic pleurisy.

This is rapidly followed by the spreading indefinite pneumonia signs we have now learned to dread.

I conclude that too much attention has been given to the lung condition at the expense of the causative factor: viz., the Intestinal Infection.

Dr Butler's method of treatment appears to aim directly at the cause of the complications, partly by neutralising the toxins, as evidenced by the rapid improvement, and partly by loosening the germ-laden mucus and facilitating its removal.

Also a matter of great importance, he avoids agents which may increase gastric or intestinal catarrh.

Other practitioners in this district who also devote their main treatment to intestinal eliminations, and have avoided drugs aimed only at the lung condition and the pyrexia have been rewarded with good results." - Dr R. Craske Leaning, MOH, in "The Lancet", 28 January 1922.

Chapter 3

Sodium Bicarbonate True Enemy of the Pharmaceutical Industry

This chapter contains the articles that appear in the Book: “The Nescience of Medicine”

“It used to be common knowledge that Sodium Bicarbonate could easily cure a common cold, as well as assist in numerous other ailments.

What happened to all that information?

Additionally, I have come across people who have sworn it to rid their cancer.

“When taken orally with water, especially water with high magnesium content, and when used transdermally in medicinal baths, Sodium Bicarbonate becomes a first-line medicinal for the treatment of cancer, kidney disease, diabetes, influenza and even the common cold. And importantly, it is also a powerful buffer against radiation exposure, so everyone should be up to speed on its use.” - Dr Mark Sircus, in “Sodium Bicarbonate”, 2014.

Ian F. Robey, in 2009, showed that oral sodium Bicarbonate increased the pH of tumours and also reduced the formation of spontaneous metastases in mice with breast cancer. It also reduced the rate of lymph node involvement.

“The above data have shown that oral bicarbonate therapy significantly reduced the incidence of metastases in experimental models of breast and prostate cancer and that the effect seems to be primarily on distal (i.e., colonization),

rather than proximal (i.e., intravasation), processes.

The dramatic effect of Bicarbonate Therapy on the formation of breast cancer metastases in this model system warrants further investigation.” - Ian F. Robey, Arizona Cancer Center, University of Arizona, et al., in “Bicarbonate increases tumor pH and inhibits spontaneous metastases”, 2009

It is already in wide use and has been for decades, even by oncologists who do not want their patients dropping dead too quickly because of the tremendous toxicity of their treatments.

Sodium Bicarbonate is used routinely to keep the toxicity of chemotherapy agents and radiation from killing people or from destroying their kidneys.

Sodium Bicarbonate when combined with other strong but basic natural substances like magnesium chloride and iodine one has at ones fingertips a trinity of medical super heroes ready to perform scientific medical miracles in a single bound.

Sodium Bicarbonate, can save the day when nothing else can.

Earlier and more frequent use of Sodium Bicarbonate is associated with higher early resuscitability rates and with better long-term neurological outcomes in emergency units.

Sodium Bicarbonate is very beneficial during Cardiopulmonary Resuscitation (CPR).

Sodium Bicarbonate helps to save countless lives every day. Bicarbonate is present in all body fluids and organs and plays a major role in the acid-base balances in the human body.

Bicarbonate deficiency is the most unrecognized medical condition on earth even though it is extraordinarily common.

Problems from acid pH levels (relative deficiency in bicarbonate ions) take a large toll from human physiology and the more acid a person gets the larger the problem for cell physiology.

Every biochemical reaction is pH sensitive with enzymes being especially sensitive.

Our diet plays an important role in maintaining appropriate pH levels in the body.

The alkalinizing Sodium Bicarbonate IV can often immediately stop an allergic reaction, or asthmatic attack, since such reactions cannot persist in an alkaline environment.

Sodium Bicarbonate is a very effective way of directly improving cellular health by making the tissue more alkaline.

Most modern diets give rise to unhealthy acidic pH conditions. An imbalanced pH will interrupt cellular activities and functions to extreme levels as pH drops further.

Excessive acidic pH leads to cellular deterioration which eventually brings on serious health problems such as cancer, cardiovascular disease, diabetes, osteoporosis and heartburn.

The fact that the biological life functions best in a non-acidic (alkaline) environment speaks miles about the usefulness of Sodium Bicarbonate.

Sodium Bicarbonate is the time honoured method to “speed up” the return of the body’s bicarbonate levels to normal.

Bicarbonate is inorganic, very alkaline and like other mineral type substances supports an extensive list of biological functions.

Sodium Bicarbonate happens to be one of our most useful medicines because bicarbonate physiology is fundamental to life and health.

Sodium Bicarbonate is probably one of the most useful substances in the world; no wonder the pharmaceutical companies don’t want doctors or anyone else to know much about it.” - Dr Mark Sircus, AC, OMD, 2014.

Sodium Bicarbonate in the Treatment of Menière's Disease

"Intravenous injection of Sodium-Bicarbonate solution is not a symptomatic therapy, but an essential therapy for Menière's disease.

The effect of intravenous injection of Sodium-Bicarbonate solution can be explained in terms of the relief of the angioneurosis; relief of arteriole contraction, better oxygen supply, and faster absorption of edema." - Takatoshi Haskgawa, in "Intravenous Injection of 7% Solution of Sodium-Bicarbonate for the Treatment of Menière's Disease", *Acta Oto-Laryngologica*, Sup, 192, 1964.

Sodium Bicarbonate in the Treatment of Lymphatic Inflammation

"I ascribe the rapid reduction of the Lymphatic Inflammation principally to the application of the Sodium Bicarbonate, though of course in conjunction with the removal of exciting cause, and the purgative administered.

I was led to use the Sodium Bicarbonate by reading in your journal of its application by an American doctor to Burns and Scalds, a use I have since frequently made of it with uniform and gratifying success." - Dr Charles F. Murray, MD, Medical Officer, Gweedore, Co. Donegal, in "The Lancet", 3 January 1880.

Sodium Bicarbonate in the Treatment of Acidosis

"Acidosis of non-diabetic nature occurs as a rather frequent complication in both medicine and surgery.

By acidosis we understand in this paper a reduction of the alkali reserve of the body, as expressed by the bicarbonate concentration of plasma.

The cases of acidosis that will be described here can be classed under 2 headings:

1. Acidosis due to loss of alkaline secretions.
2. Acidosis due to retention of fixed acids.

Significant loss of alkali occurs in the fluid stools of severe diarrhoeas, and in fistulas of the small intestine and the bile ducts.

Retention of acids occurs chiefly in nephritis and other kidney diseases, where the acidosis is produced by retention chiefly of phosphates and sulphates.

The results of the bicarbonate treatment in all the cases studied have been favourable; in some instances this treatment even appears to have been lifesaving.

The effect is occasionally quite dramatic, and the beneficial results are usually observed in immediate relation to the injections or shortly afterwards.

The characteristical clinical symptom of overdosage of bicarbonate is tetany, which in severe instances may be fatal." - Esben Kirk, in "Treatment of Non-Diabetic Acidosis with Intravenous Injection of Isotonic Sodium Bicarbonate Solution", Journal of Internal Medicine 1936.

Sodium Bicarbonate in the Treatment of Radiocontrast Nephropathy

“Radiocontrast-induced Nephropathy is a well known consequence of cardiologic interventions.

Acute radiocontrast nephropathy is the 3rd most common cause of acute renal failure in patients admitted to a hospital.

Up to 7% of patients with this condition need temporary dialysis or progress to end-stage renal disease.

Radiocontrast Nephropathy does not only cause extended hospitalization and increased cost, but is also associated with an increased risk of death.

Numerous studies have identified predisposing risk factors such as pre-existing Chronic Kidney Disease (CKD), particularly diabetic kidney disease, degree of renal dysfunction, volume depletion, co-administration of nephrotoxic agents, high doses of radiocontrast, particularly ionic and high osmolar, repeated examinations at short intervals, as well as advanced cardiac failure, perhaps also age, smoking, and hypercholesterolemia.” - Prof. Eberhard Ritz, Department Internal Medicine, Division of Nephrology, et al., in “Radiocontrast-Induced Acute Renal Failure - Impact beyond the Acute Phase”, Journal of the American Society of Nephrology, March 2006.

“Dr Glenn M Chertow from the University of California, in “Prevention of Radiocontrast Nephropathy: Back to Basics”, JAMA, 19 May 2004, points out that Sodium Bicarbonate is readily available, inexpensive and apparently safe. He concludes that “a brief infusion of isotonic Sodium Bicarbonate preexposure and postexposure to radiocontrast should now be considered the treatment of choice for prevention of Radiocontrast Nephropathy.” - in “Inpharma”, 29 May 2004.

Respiratory Acidosis of Severe Acute Asthma Resolved with Sodium Bicarbonate

“Respiratory Acidosis of Severe Acute Asthma is a severity factor. Among the 22 patients who had Metabolic Acidosis on admission, 14 were treated with 168 +/- 82 mmol of Sodium Bicarbonate.

It is concluded that in more than 50% of the cases **Respiratory Acidosis of Severe Acute Asthma is associated with a Metabolic Acidosis. Correcting this metabolic acidosis with Sodium Bicarbonate results in improvement of respiration**, perhaps by facilitating the action of bronchodilator catecholamines.” - G. Bouachour, et al., in “Metabolic Acidosis in Severe Acute Asthma. Effect of alkaline therapy”, Rev. Pneumol. Clin., 1992.

“Administration of Sodium Bicarbonate in 17 children with Life-Threatening Asthma (LTA) was associated with a significant decrease in PCO₂ and an improvement of Respiratory Distress.” - CMP Buysse, et al., in “Life-Threatening Asthma in Children: Treatment With Sodium Bicarbonate Reduces PCO₂”, Chest, 2005.

“Nearly 10% of US patients with COVID-19 have Chronic Lung Disease, including Asthma.” - in “Postmortem Lung Findings in a Patient With Asthma and Coronavirus Disease 2019”, Chest, 28 April 2020.

“The ongoing outbreak of Covid-19 has been expanding worldwide. As of 17 April 2020.

Respiratory Failure has been cited as the major cause of death but here we present a case about a patient who instead succumbed to severe metabolic acidosis with multiple organ failure.

It is possible that dysregulated inflammatory response (cytokine storm) caused the Metabolic Acidosis.

This has been described in severe bacterial sepsis.

Another reason could be extensive microvascular thrombosis causing the tissue hypoxia which has been described in Covid-19 patients.

Significant contribution to high lactic acid levels probably also comes from the high WBC count.

However, there is also the possibility of mitochondrial toxicity caused by lopinavir and ritonavir treatment.” - Shabnam Chhetri, et al., in “A fatal case of COVID-19 due to metabolic acidosis following dysregulate inflammatory response (cytokine storm)”, ID Cases, 19 May 2020.

“Lopinavir / Ritonavir (LPV/r): Sold under the brand name Kaletra among others, is a fixed-dose combination antiretroviral medication for the treatment and prevention of HIV/AIDS.

It combines lopinavir with a low dose of ritonavir. It is generally recommended for use with other antiretrovirals.

Common side effects include:

1. Diarrhoea.
2. Vomiting.
3. Feeling tired.
4. Headaches.
5. Muscle pains.

Severe side effects may include pancreatitis, liver problems, and high blood sugar.

Lopinavir/ritonavir as a single medication was approved for use in the United States in 2000. It is on the World Health Organization's List of Essential Medicines.” - in “Wikipedia”

“We present a case of Covid-19 who developed severe Metabolic Acidosis from acute liver failure.

Respiratory distress in Covid-19 patients may be related to Metabolic Acidosis induced tachypnea.” - Sauradeep Sarkar, et al., in “Corona Virus Disease-19-Induced Acute Liver Failure Leading to Severe Metabolic Acidosis”, Chest, October 2020.

"After the case of blackwater fever we reported last autumn, where the patient came into hospital in extremis and was only saved by the transfusion of whole blood, we came to the conclusion that in all future cases it would be advantageous to render the urine alkaline as early as possible, if by so doing we could cut short the duration of the attack and obviate suppression of urine.

We were influenced by the case reported by H. M. Hanschell in which the patient had been given intravenously 20 oz. of sodium bicarbonate solution (strength grs. 150 to the pint), **within 1 hour of being seen by the doctor with the result that the impending suppression of urine was prevented, diuresis promoted, and the attack apparently curtailed.** The work of S. L. Baker and E. C. Dodds supports this method of treatment in all cases of haemoglobinuria.

They state that:

*"It (the treatment) should be such as will reduce the factors leading to precipitation of the pigment in the kidney tubules; these factors are seen to be acidity and salt concentration of the urine. **Alkaline diuretics or transfusion of Sodium Bicarbonate solution as soon as possible should tend to minimise the haemoglobin precipitation of the tubules.**"*

Judging from the results it appears that immediate transfusion with Sodium Bicarbonate solution is indicated in all cases of blackwater fever to curtail the duration of the attack, to prevent blockage of the kidney tubules, and to avoid suppression of urine.

More than one transfusion may be needed and should be given when there is no appreciable improvement within the first 24 hours.

The need for further transfusions should be judged by the progress of the case." - Dr W. Ernest Cooke, FRCS, DR Hugh Willoughby, MD in "Note on the use of intravenous Sodium Bicarbonate in the Treatment of Blackwater Fever", The Lancet, 16 February 1929.

Indications for the Use of Sodium Bicarbonate in the Treatment of Asthma

"When status Asthmaticus is refractory to bronchodilators and has resulted in respiratory acidosis, the correction of acidemia by the intravenous administration of Sodium Bicarbonate relieves bronchospasm and restores responsiveness to epinephrine.

Correction of acidemia lowers airway resistance and allows more effective ventilation at lower, and safer, inspiratory pressures.

Six cases are presented illustrating this, among them a 12-year-old child who, by this therapy, recovered from an attack of Asthma which had lowered her arterial pH to 6.66.

By this approach, the use of mechanical ventilation can often be avoided." - Dr J. C. Mithoefer, MD et al., in "Indications for the Use of Sodium Bicarbonate in the Treatment of Intractable Asthma", *Respiration*, 1968.

Sodium Bicarbonate and Calcium Gluconate in the Treatment of Osteoarthritis

“Osteoarthritis (OA) is the most common joint disease; it is a consequence of cartilage degradation. Osteoarthritis may affect several joints, especially weight-bearing joints such as the knees. A joint’s cartilage degradation is clinically recognized by a gradual development of pain, stiffness, and loss of motion. Among the elderly, hip and knee Osteoarthritis causes a greater degree of disability. It is estimated that 9.6% of men and 18% of women above 60 years have symptomatic Osteoarthritis primarily in the knees and hips. Osteoarthritis of the knee; and pharmacological therapies which include Analgesics, Nonsteroidal Anti-inflammatory Drugs (NSAIDS), Opioids, Hyaluronic Acid (HA) or Corticosteroid injections, and Various Drugs purported as **Disease Modifying Osteoarthritis Drugs (DMOADs)**. Several side effects have been demonstrated, mainly from oral NSAIDS treatments, **which have been associated with gastrointestinal side effects, and opioids have been strongly associated with constipation, nausea, vomiting, dizziness, somnolence.** HA injections may lead to increase medial co-contraction and accelerate joint deterioration. Corticosteroid injections, clinical improvements disappear by 4 weeks, and it is unsafe to inject it more than 4 times per year.

A solution of Sodium Bicarbonate and Calcium Gluconate is effective on reducing the symptoms associated with Osteoarthritis. Its beneficial effect is maintained for one year of continuous monthly administration and at least for 6 months after the administration is discontinued. **When the dose of Calcium Gluconate is increased, it prevents further narrowing of joint-space.”** - García-Padilla et al., in “Effectiveness of intra-articular injections of sodium bicarbonate and calcium gluconate in the treatment of osteoarthritis of the knee: a randomized double-blind clinical trial”, BMC Musculoskeletal Disorders. 2015.

Sodium Bicarbonate Treatment of Oral Mucositis in Cancer Patients with Solid Tumour

“Oral mucositis is one of the most common adverse effects of chemotherapy and radiotherapy.

Is diagnosed in 40%–50% of cancer patients treated with chemotherapy.

The condition may affect up to 80% of patients undergoing hematopoietic stem cell transplantation and 100% of patients receiving head and neck radiation therapy.

The aim of this study was to compare the efficacy of Plantago Major extract, versus chlorhexidine 0.12%, versus Sodium Bicarbonate 5% in the symptomatic treatment of chemotherapy-induced oral mucositis in solid tumour cancer patients.

Healing time was shorter with the double sodium bicarbonate solution compared to the other two rinses.

The double dose of Sodium Bicarbonate in the form of a mouthwash was associated with a shorter healing time (5 days vs. 7 days). This finding supports the use of alkaline oral care products as an evidence-based therapeutic approach for preventing and treating mucositis.” - Cristina Martínez, et al., in “Efficacy of Plantago major, chlorhexidine 0.12% and sodium bicarbonate 5% solution in the treatment of oral mucositis in cancer patients with solid tumour: A feasibility randomised triple-blind phase III clinical trial”, European Journal of Oncology Nursing, 2018.

Nephritis & Shortness of Breath (Dyspnea)

Cases of acute nephritis showing pronounced acidosis (very marked dyspnea - shortness of breath).

Acidosis is a fairly prominent feature of many cases of acute nephritis, and is present in severe form in all terminal cases with marked nitrogen retention.

All fatal cases of chronic nephritis with marked nitrogen retention show a severe acidosis, sufficient in many instances to be the actual cause of death.

In some cases of acute nephritis and acute exacerbation of chronic nephritis the distress is apparently due to the acidosis, since the judicious use of Sodium Bicarbonate results in general clinical improvement.

With the rise in the carbon dioxid combining power of the blood, the dyspnea and hyperpnea disappear." - Dr Arthur F. Chace, MD, Dr Victor C. Myers, PhD, in "Acidosis in Nephritis", JAMA, 6 March 1920.

In The Treatment of Mental Symptoms

"When a patient comes into my office with these mental symptoms, I look upon it as probably a case of this character, and prescribe Bicarbonate of Soda, directing him to come back in 3 days. If the patient is not better, showing a marked degree of improvement, then I prescribe hydrochloric acid and find the cause of the trouble.

It is a great surprise to many of us that so many patients are sent so hastily to hospitals for the insane." - Dr Hill, MD of Baltimore, "Buffalo Medical Journal and Monthly Review of Medical and Surgical Science", 1905.

Chapter 4

Sodium Bicarbonate in Cancer

“Castellan reports 33 cases of Gonorrhoea treated by means of injections of 1% solution of Bicarbonate of Soda. All were cured within 20 days.” - in “The Times and Register”, 1891.

“Sodium Bicarbonate, is widely used in the clinic as an antacid for treating gastric hyperacidity, among other conditions.

Chao et al have reported a clinical trial about targeting intratumor lactic acidosis–transarterial chemoembolization.

The acidic microenvironment fosters cancer progression, and after conventional TACE, the pH value of this tumor microenvironment is further decreased.

This change explains the low control and high recurrence rate of tumors treated with conventional TACE.

Therefore, the addition of some alkaline substances to neutralize acidity may be a viable approach to solve this problem.

Chao et al added 5% Sodium Bicarbonate to the cytotoxic drugs (doxorubicin or oxaliplatin) and then performed chemoembolization, which is described as targeting intratumor lactic acidosis–TACE (TILA-TACE).

Amazingly, 100% of patients treated with this modified TACE procedure achieved complete or partial remission.” - in “Does Baking Soda Function as a Magic Bullet for Patients With Cancer? A Mini Review”, Integrative Cancer Therapies, Vol. 19: 1–7, April 2020.

“Cancer arises from damage to cellular respiration. Energy through fermentation gradually compensates for insufficient respiration. Cancer cells continue to ferment lactate in the presence of oxygen (Warburg effect). Enhanced fermentation is the signature metabolic malady of all cancer cells.” - Dr Otto Warburg, MD in “On the Origin of Cancer Cells”, Science, 24 February 1956.

“It has been found that the acidic tumor microenvironment plays important roles in promoting the cancer progression. In recent years, Sodium Bicarbonate (NaHCO_3), a simple inorganic salt, has been found to be able to reverse the pH of tumor microenvironment and inhibit the invasion, metastasis, immune evasion, drug resistance and hypoxia of tumor cells. Thus, NaHCO_3 -based therapy is a potential approach for the treatment of cancer, and the related studies have been increasingly reported. In addition, the concerns of NaHCO_3 in clinical use and the potential ways to use NaHCO_3 for cancer therapy are also discussed. NaHCO_3 , a simple inorganic salt, has been found to be able to reverse the pH of tumor microenvironment and inhibit the invasion, metastasis, immune evasion, drug resistance and hypoxia of tumor cells. Thus, NaHCO_3 -based therapy is a potential approach for the treatment of cancer.” - in “Sodium bicarbonate, an inorganic salt and a potential active agent for cancer therapy”, Chinese Chemical Letters, December 2021.

“Liebig further says, that:

“In all diseases where the formation of contagious matter and of exanthemata is accompanied by fever, two diseased conditions simultaneously exist, and two processes are simultaneously completed”

And that it is by means of the blood as a carrier of oxygen that neutralization or equilibrium is established.

Liebig thus admits that an agent exists in the blood, capable of deteriorating it at the expense of the oxygen, which he maintains is contained in the red globules; he further acknowledges that two processes of diseased action are going on at the same time, and though he does not explain them, I imagine him to mean that new contagious matter is generated and eliminated from the blood, and that at the same time, there is that condition of body which he would call simply a diseased state, and characterizes it thus:

“Disease occurs when the sum of vital force which tends to neutralize all causes of disturbance, (in other words, when the resistance offered by the vital force) is weaker than the acting cause of the disturbance.”

- Dr Benjamin Guy Babington, MD, FRS, President of the London Epidemiological Society, in “Epidemics, Examined and Explained”, 1850.

Sodium Bicarbonate Boosts T Cells' Ability in the Cure of Leukemia

Sodium Bicarbonate can counter lactic acid produced by leukemia cells, potentially improving remission.

"Bicarbonate has been explored as an experimental treatment for metastases in solid tumors, showing that the acidic pH in the microenvironment could be reversed:

"Bicarbonate increases tumor pH and inhibits spontaneous metastases", Cancer Res. 69, 2260–2268 (2009); "The potential role of systemic buffers in reducing intratumoral extracellular pH and acid-mediated invasion", Cancer Res. 69, 2677–2684 (2009)."

Our findings provide a scientific rationale for a combination of donor lymphocyte infusion (DLI) and Sodium Bicarbonate (NaBi) in patients relapsing with Acute Myeloid Leukemia (AML) after allogeneic hematopoietic cell transplantation (allo-HCT), in particular when increased leukemia-derived lactic acid (LA) concentrations are detected as observed in the patients with AML relapse whom we had studied.

Overall, our findings show that AML cells reduce glycolytic activity of T cells in patients and mice.

Mechanistically, we demonstrated that this was mediated by LA release reducing intracellular pH in T cells, which changed the transcriptional profile leading to metabolic and proliferative dysfunction.

NaBi treatment not only counteracted LA-mediated metabolic shutdown in T cells but also enabled the usage of extracellular LA as an additional fuel source for energy production, what translated into improved graft-versus-leukemia (GVL) effects." - in "Metabolic reprogramming of donor T cells enhances graft-versus-leukemia effects in mice and humans", Science Translational Medicine, 28 October 2020.

Treatment of Non-Diabetic Acidosis

"Acidosis of non-diabetic nature occurs as a rather frequent complication in both medicine and surgery.

By acidosis we understand in this paper a reduction of the alkali reserve of the body, as expressed by the bicarbonate concentration of plasma.

Undoubtedly, many cases of acidosis are overlooked due to the uncharacteristic clinical symptoms of this condition.

The early diagnosis and treatment is, however, important, as acidosis may represent a dangerous complication in a severely ill patient.

The results of the Bicarbonate treatment in all the cases studied have been favourable; in some instances this treatment even appears to have been lifesaving.

The effect is occasionally quite dramatic, and the beneficial results are usually observed in immediate relation to the injections or shortly afterwards.

It should be emphasized, that in some cases previous treatment with saline (case No. 1) or glucose solution (case No. 4) had proved ineffective.

The final results of the alkali treatment will, of course, be better in acidosis caused by loss of alkali than in acidosis of renal origin.

However, even in the latter group of cases this treatment should not be omitted, as the possibility exists that the renal lesion may be transient only, and as at least symptomatic relief is obtained." - Esben Kirk, in "Treatment of Non-Diabetic Acidosis with Intravenous Injection of Isotonic Sodium Bicarbonate Solution", *Acta Medica Scandinavica*, 1936.

Treatment of Chronic Metabolic Acidosis

"Oral sodium bicarbonate is used to treat metabolic acidosis in patients with renal tubular acidosis.

Pharmacy-weighed sodium bicarbonate is expensive and inconvenient to obtain; some pharmacists are reluctant to provide it.

We determined that the sodium bicarbonate contained in 8-oz boxes of Arm and Hammer Baking Soda; was sufficiently constant in weight that, dissolved in water to a given volume, it yielded a quantitatively acceptable therapeutic solution of sodium bicarbonate at a cost of approximately 3% of that of pharmacy weighed sodium bicarbonate.

Grocery store Bicarbonate of Soda can be a safe, economical, and convenient source of Sodium Bicarbonate for the treatment of Chronic Metabolic Acidosis in infants and young children." - Dr Beverley E. Booth, MD, Dr Jay Gates, AB, R. Curtis Morris, Jr., MD in "A Source of Sodium Bicarbonate in the Management of Chronic Metabolic Acidosis", *Clinical Paediatrics*, February 1984.

Chapter 5

Lymph Inflammation & Bicarbonate of Soda

“The patient suffered from headache shivering fits, and constipation.

Next day he came to me, and on examination I found the whole hand and arm swollen and inflamed.

At the spot where he was stung there was a dark-coloured subcutaneous spot; the entire lymphatic system of the arm was much deranged, the lymphatics standing out clearly defined as red lines, while there was a very large glandular swelling under the axilla about the size of a man’s clenched hand.

His pulse was 98, and his temperature 100.5 deg. F.

I made an incision down to and through the dark spot, and applied a large linseed poultice to his hand, wrapping the arm up to the axilla in cotton-wool, having previously applied to the principal seats of inflammation dry bicarbonate of soda, and administered to him a dose of scammony powder and calomel.

On visiting him the next day I found the pain and inflammation nearly gone and the bubo in the axilla quite reduced, while the wound discharged about half an ounce of dark matter.

Under this treatment he made a very rapid recovery, and went back to his work in about a week.

I ascribe the rapid reduction of the lymphatic inflammation principally to the application of the Bicarbonate of Soda, though of course in conjunction with the removal of exciting cause, and the purgative administered.

I was led to use the Bicarbonate of Soda by reading in your journal of its application by an American doctor to burns and scalds, a use I have since frequently made of it with uniform and gratifying success.” - Dr Charles F. Murray, M.D., M.Ch., in “Poisonous Sting; Inflammation of Lymphatics; Bicarbonate of Soda”, The Lancet, 3 January 1880.

Treatment Renal Complications

“This investigation, which has been carried out at Queen Mary's Hospital.

We would like to take this opportunity of expressing our gratitude to Mr. L. Carnac Rivett, FRCS, Physician in charge of the Obstetrical Department of the Hospital, for the facilities he has afforded us in carrying out the investigation.

For many years now we have been interested in **the use of alkalies in the treatment of cases of Chronic Bright's Disease with oedema in the non-pregnant, and there is little doubt that, despite the technical difficulties involved, alkali therapy is on the whole the most generally effective form of treatment in such cases.**

Alkalies in some form or another have of course always been used in the treatment of the pregnancy toxæmias, usually more or less empirically, or with the rather hypothetical object of combating “toxæmia.”

The use of comparatively large doses given with the definite object of altering the reaction of the tissues is due chiefly to the pioneer work of Fischer.

The prevention of the Renal complications of the pregnancy Toxæmias

There is abundant evidence both experimental and clinical that alkalies exert a protective action on the kidneys in the presence of a great variety of noxious agents.

In all, 23 cases have been treated throughout prophylactically in this manner, excluding a few who did not attend regularly for treatment.

Of these 23 cases, albuminuria recurred in only 4.” - Dr A. Arnold Osman, DSC, MRCP, Dr Harold G. Close, MB, BS, in “Observations on the Plasma Bicarbonate and the Value of Alkalies in the Treatment of some of the Renal Complications of Pregnancy”, Proceedings of the Royal Society of Medicine, May 1931.

Bicarbonate of Soda Activates Anti-Inflammatory Pathways

“Chronic Inflammation has been implicated in both acute and Chronic Kidney injury.

The Chronic Renal Insufficiency Cohort study found that elevated inflammatory markers fibrinogen and TNF-a were associated with rapid loss of kidney function in patients with Chronic Kidney Disease (CKD).

Furthermore, treatment with TNF-a antagonists has been associated with an attenuation in renal functional decline in CKD patients.

Activation of the innate cholinergic anti-inflammatory pathway via stimulation of the vagal nerve, which suppresses proinflammatory cytokines and promotes anti-inflammatory macrophage cell polarization via activation of $\alpha 7$ -containing nicotinic receptors on splenic macrophages, has also been reported to ameliorate acute kidney injury.

Evidence from a number of small clinical trials as well as experimental models indicates that supplementation with oral **sodium bicarbonate (NaHCO_3) may slow the decline in kidney function in CKD patients.**

In summary, we report that oral sodium bicarbonate (NaHCO_3) activates splenic anti-inflammatory pathways.

Our novel finding provides a potentially practical and/or cost-effective and relatively safe method to **activate splenic anti-inflammatory pathways in humans and therefore may**

have significant therapeutic potential for inflammatory disease.

We provide both functional (flow cytometry) and anatomical and histological evidence that the signals that mediate this response are transmitted to the spleen via a novel neuronal-like function of mesothelial cells.

To our knowledge, this is the first evidence that mesothelial cells may have a role in transmitting cholinergic signals to distal sites and, combined with evidence that **gastric acid secretion is required to promote an anti-inflammatory response to oral sodium bicarbonate (NaHCO₃), raises the possibility that there may be no direct interface between the nervous and immune systems.**" - in "Oral NaHCO₃ Activates a Splenic Anti-Inflammatory Pathway: Evidence That Cholinergic Signals Are Transmitted via Mesothelial Cells", Augusta University, GA, Journal of Immunology, 16 April 2018.

"CASTELLAN reports 33 cases of gonorrhoea treated by means of injections of 1% solution of Bicarbonate of Soda. All were cured within 20 days.

O'BRIEN claims to cure in 8 days, by injections of warm sea water, repeated 8 times daily." - in "The Times and Register", 1891.

Bicarbonate of Soda in the Treatment of Acute Rheumatism

"The fact that symptoms caused by the disease which we call "acute rheumatism" are too frequently ascribed to the remedies employed in its treatment.

There is, perhaps, no acute disease which produces anaemia so rapidly as rheumatism.

In the report on the Pathology of Acute Rheumatism and Allied Conditions, by Dr Ainley Walker, and Mr. Ryffel, published in the Journal for 1903:

"The micrococcus has a haemolytic action upon red blood corpuscles greater and more rapid than that of any other streptococcus which we have yet examined - a fact of interest in relation to the very rapid and considerable anaemia of rheumatic fever."

In severe untreated cases of rheumatic fever with pericarditis the pallor is often intense, but **I have never seen any marked increase in the anaemia in cases treated by large doses of bicarbonate** and salicylate; in fact, the more effectively the rheumatism is treated, the less is the degree of anaemia, as of other rheumatic symptoms." - Dr David B. Lees, MD, in "British Medical Journal", 6 February 1909.

Treatment of Acute Rheumatism

"With certain modifications, according to peculiarity of case, the basis of the treatment of acute rheumatism now most generally pursued in the London Hospitals, consists in the exhibition of the neutral salts.

It is rare, indeed, to see a case treated, into the prescriptions for which neither the acetate, tartrate, or nitrate of potash have entered.

The congratulatory remarks which are frequently made at the bedside by physicians of long experience, must be considered as strong evidence of the good effects of the improved practice.

The disease no longer needs "the 6 weeks and patience" which it once required.

Lemon-juice still holds a high place in the esteem of some physicians, among whom we might mention Dr Burrows, Dr Ridson Bennett, and Dr Rees; while many others employ it as an adjuvant without relying on it alone.

That in certain cases it exerts almost no appreciable influence, is generally admitted; while that, in others, it not unfrequently cures like a charm, is equally certain.

What we desiderate is, an appreciation of the class of cases in which it, and in which other remedies are severally most likely to be of use.

Until that is more or less known, the only refuge is in complexity of prescription, an expedient always to be regarded with distrust, but not to be shrunk from when required by duty.

An illustration of the occasional uselessness of lemon-juice was afforded by a man under Dr Babington's care, about a year ago, in Guy's Hospital.

He was a man aged 47, and was admitted in the third week of an attack of acute rheumatism, for which he had kept his bed, and had consumed, during the last 4 days, no less than 7 pints of lemon juice without the least relief.

The juice had been obtained directly from the fruit, of which he had used 18 large ones daily.

Dr Barlow, of Guy's Hospital, is accustomed to state to his clinique, that the most rapid recovery from acute rheumatism that he ever witnessed was under treatment by the acetate of potash.

We may quote the following case as a fair example of the usual treatment pursued by that excellent practical physician, and also of its average results.

The plan of treatment is, however, by no means peculiar to Dr Barlow.

H. T., a strong, robust man, aged 33, was admitted on the third day of his first attack of acute rheumatism, the disease was severe.

Ordered to take a draught containing half a drachm of acetate of potash, ten grains of the nitrate of potash, ten minims of the vinum opii, diluted with barley-water.

For 9 days he was kept on low diet, and on the tenth the improvement was so far advanced that the decoction of bark was substituted for the barley-water in the prescription, and a better diet was allowed.

On the fourteenth day he was convalescent, about the ward, and marked for discharge in a few days." - *Med. Times and Gaz.*, 3 March, 1855.

The Treatment of “irreversible” stage of Hemorrhagic Shock

“The results of the present work show that the use of sodium succinate in conjunction with the restoration of blood volume brings about the recovery of a large proportion of animals from the so-called “irreversible” stage of hemorrhagic shock.

However the results also indicate that the beneficial effect of the sodium succinate is due in large measure to the sodium ion.

100% of such animals died when no treatment was given, and only 25% survived when whole blood was used to replace the total amount bled.

Whole blood supplemented by Bicarbonate of Soda (NaHCO_3) and glucose resulted in the indefinite survival of 62.5% of dogs brought to the stage of so-called “irreversible” shock.” - in “The Successful Treatment Of So-Called “Irreversible” Shock By Whole Blood Supplemented With Sodium Bicarbonate And Glucose”, American Journal of Physiology, April 1944.

Osteomalacia Syndrome Cure With Sodium Bicarbonate

"The Syndrome of Osteomalacia, defined as bone pains, muscle weakness, low serum phosphorus, normal or low serum calcium, raised alkaline phosphatase, Looser's zones on radiographs and an excess of osteoid in the bone is a recognised complication of ureterosigmoidostomy (Leite et al., 1966).

The syndrome rarely, if ever, occurs without a concomitant hyperchloraemic "acidosis" (Harrison, 1958), but most patients with hyperchloraemia do not have the osteomalacia syndrome.

The Osteomalacia Syndrome is reversed by a mixture of Vitamin D and Alkali (Leite et al., 1966).

Tobler et al. (1957) demonstrated that in children with Ureterosigmoidostomy the Syndrome of Rickets could be reversed with Alkali alone.

Harrison (1958) demonstrated from his balance studies in 3 adult patients the additional **values of Vitamin D in the Treatment of the Syndrome of Osteomalacia.**

We report here a complete reversal of the osteomalacia syndrome after col cystoplasty with alkali alone." - in "The osteomalacia syndrome after col cystoplasty; a cure with sodium bicarbonate alone", British Journal of Urology, April 1970.

***"Bicarbonate of Soda is a cheap and simple agent which often proves useful in doubtful cases, and in others, if it fails to achieve good results, it, at any rate, does no harm."** - in "Simple Remedies", American Journal of Veterinary Medicine, 1916.*

Treatment for Aspirin Poisoning

“Treatment for Salicylate Poisoning is aimed at increased elimination.

This can be achieved by the use of activated charcoal, Sodium Bicarbonate to alkalinize the urine, and in serious cases, hemodialysis.

Although hemodialysis can be a lifesaving intervention, the procedure is an invasive one.

Patients with acute aspirin ingestion may present with a low or therapeutic salicylate level but can be at risk for rapid deterioration.

The absorption of Aspirin is unpredictable because of bezoar formation and salicylate-induced pylorospasm, and therefore nomograms are no longer considered useful in predicting a patient’s medical course.

The number of the frequency of adult aspirin fatalities persists.” - Allison A. Muller, PharmD, in “Aspirin Poisonings: Challenges and Clinical Implications for ED Nurses”, *Journal of Emergency Nursing*, April 2003.

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